## <u>Indiana State Police Clandestine Laboratory Occurrence Report</u> This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date:  | 01-02-2014  | Address:                            | 2816 Apt 30  |  |
|--|---|-------------------------------------|--|--|
| Incident #:  | 14ISPC000036  |                                     | Mitchell Rd  |  |
| County:  | Lawrence  |                                     | Bedford, In 47421  |  |
| Type of Lab  | oratory Scizure (check one)   | Seizure Location (                  | re Location (check all that apply)   |  |
| Operation Chemical Dumpsite  | /Glassware/Equipment (only)   | Residence Outbuilding Vehicle       | ☐ Hotel/Motel ☐ Open – No Structure ☐ Other:                                       |  |
| (check all that  | ; Location (bedroom, kitchen, open air, apply) r Birch Reaction(s): <u>Hotel Room</u>         | etc)                                |  |  |
| Red Phosphorous/Iodine Reaction(s):  |   |                                     |  |  |
|  |   |                                     |  |  |
| ∑ Flammable Solvents: <u>Hotel Room</u>  |   |                                     |  |  |
| Water Reactive Metal (Lithium);  |   |                                     |  |  |
| Anhydrous Ammonia:   |   |                                     |  |  |
| Corrosive Acid: <u>Hotel Room</u>  |   |                                     |  |  |
| Corrosive Base: <u>Hotel Room</u>  |   |                                     |  |  |
| Other (iter  | m and location):  |                                     |  |  |
| Vehicle Infor  | rmation:  |                                     |  |  |
| Owner:<br>VIN:<br>Year:  |   | Make:<br>Model:                     |  |  |
| ☐ Yes<br>☑ No  | age 18 discovered (check appropriate) _ (number present) tot present but evidence they reside | unclean Estimated fen occurring: N/ | ions of home:    clean    disarray gth of time manufacturing had been A formation: |  |
| This report h  | as been faxed* or emailed to the fo   | llowing agencies tha                | t serve the location:  |  |
| Fire Department City, Township or County TWP FD Health Department County: LAWRENCE CO Department of Child Services Hotline: deshotlinereports@des.in.gov Fax: 317-234-7595 or 317-234-7596 |   |                                     |  |  |
| For further information regarding this methamphetamine laboratory, contact Investigating Officer: Jon Patrick Phone 812-322-4411   |   |                                     |  |  |

\*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.